

PTO/SB/17 (1 03)

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**FEE TRANSMITTAL
for FY 2003**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$290.00)**

Application Number	09/936,675
Filing Date	3/13/02
First Named Inventor	Barker
Examiner Name	Chaney
Group Art Unit	1745
Attorney Docket No.	VT-2084CON

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other None☒ Deposit Account
Deposit Account Number 220100
Deposit Account Name Valence Technology, Inc.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASE FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1005 630	2005 268	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee	Fee Paid
- 20 =	x	=	
Ind. Claims - 3 =	x	=	
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 85	2201 43	Independent claims in excess of
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 over original patent

SUBTOTAL (2) (\$)


If number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	1053 130	Non-English specification
1812 2,250	1812 2,250	For filing a request for ex parte reexamination
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251 110	2251 55	Extension for reply within first month
1252 420	2252 210	Extension for reply within second month
1253 650	2253 475	Extension for reply within third month
1254 2,010	2254 1,005	Extension for reply within fourth month
1255 1,270	2255 635	Extension for reply within fifth month
1401 160	2401 160	Notice of Appeal
1402 165	2402 165	Filing a brief in support of an appeal
1403 145	2403 145	Request for oral hearing
1451 1,510	1451 1,510	Petition to institute a public use proceeding
1452 55	2452 55	Petition to revive - unavoidable
1453 665	2453 665	Petition to revive - unintentional
1501 1,330	2501 665	Utility issue fee (or reissue)
1502 240	2502 240	Design issue fee
1503 320	2503 320	Plant issue fee
1408 130	1408 130	Petitions to the Commissioner
1607 50	1607 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt 1E .00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)
1809 385	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 330	2810 335	For each additional invention to be examined (37 CFR § 1.129(b))
1801 385	2801 385	Request for Continued Examination (RCE)
1802 900	1802 900	Request for expedited examination of a design application

Other fee (specify) Terminal disclaimer fee - 1.20(d) (1814) - \$110.00

Total Base Filing Fee Paid **SUBTOTAL (3) (\$)** 290.00

Name (Print/Type)	Michael Ross	Registration No. (Attorney/Agent)	45,057	Telephone	702-558-1001
Signature		Date	7/21/2004		

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to allow the public which it is to file (and by the USPTO to provide) as explanation. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. Any information that you submit on this form and/or attachments for reducing this should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 513, Alexandria, VA 22315-1450. DO NOT SEND FI 3 OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/936675

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	36
X80=	160
+270=	
TOTAL	1056

840

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	22	=
Independent	1	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

7.21.04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	22	=
Independent	1	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the
 ** If the "Highest Number Previously Paid For"
 *** If the "Highest Number Previously Paid For"
 The "Highest Number Previously Paid For"

Write "0" in column 3.
 If is less than 20, enter "20."
 If is less than 3, enter "3."
 (ident) is the highest number found in the appropriate box in column 1.